EDITOR'S NOTE

This column reflects our commitment to provide you, the primary care physician, with information that will prove helpful in making informed decisions about the care of your patients who suffer from psychiatric disorders. We will highlight abstracts of high interest to you from our sister publication, *The Journal of Clinical Psychiatry*, and summarize pertinent articles from the general scientific literature. We hope that this section is clinically relevant to your practice and that it will encourage you to expand your horizons.

© Copyright 2009 Physicians Postgraduate Press, Inc.

Predicting Future Risk of Depressive Episode in Adolescents: The Chicago Adolescent Depression Risk Assessment (CADRA)

Van Voorhees BW, Paunesku D, Gollan J, et al.

Ann Fam Med 2008;6(6):503–511

Objective: A risk-prediction index for depression, similar to those used for other disorders such as cardiovascular disease, would facilitate depression prevention in primary care settings by identifying those patients who would benefit most from preventative measures.

Method: The National Longitudinal Study of Adolescent Health enrolled a representative sample of U.S. adolescents and included a baseline survey in 1995 and a 1-year follow-up survey in 1996 (N = 4791). In the present study, baseline risk factors (social and cognitive vulnerability and mood) were used to predict onset of a depressive episode at 1-year follow-up (e.g., future risk of episode), and boosted classification and regression trees were used to develop a prediction index, The Chicago Adolescent Depression Risk Assessment, operable on a personal computer or hand-held device. The researchers determined true and false positives and negatives on the basis of concordance and discordance, respectively, between the prediction-category–based index and actual classification-category–based 1-year follow-up outcome. The standard Center for Epidemiologic Studies Depression (CES-D) scale cutoffs were used to assess the performance of the index for the entire sample and with several depressive episode outcomes.

Results: A 20-item model with an area under the receiver operating characteristics curve of 0.80 (95% CI = 0.714 to 0.870), a sensitivity of 75%, and a specificity of 76.5% was found to be the optimal prediction model (including depressed mood and social vulnerability). For depressive episode, the positive predictive value of being in the highest risk group (level 4) was from 13.75% for a depressive episode to 63.57% for a CES-D score greater than 16 (mild-to-moderate depressed mood or above) at follow-up, while the negative predictive value of being in the lowest 2 levels (0 or 1) was 99.38% for a depressive episode and 89.19% for a CES-D score greater than 16.

Conclusions: A depressive episode and other depressive outcomes at 1-year follow-up were successfully predicted by the model developed for this study. Primary care physicians and families could use these positive and negative predictive values to intervene in cases of adolescents at highest risk.

Depressive Symptoms in Patients With Type 2 Diabetes in the Ambulatory Care Setting: Opportunities to Improve Outcomes in the Course of Routine Care

Shah BM, Gupchup GV, Borrego ME, et al.

J Am Pharm Assoc 2008;48(6):737–743

Objectives: To evaluate the frequency of untreated, self-reported depressive symptoms in a cross-section of adult ambulatory patients with type 2 diabetes and to identify demographic and/or clinical characteristics related to depressive symptoms in study patients.

Method: This cross-sectional study was conducted in 3 ambulatory care clinics in the southwestern United States in the fall of 2005. Primary care patients (N = 217) aged 18 years or older with a diagnosis of type 2 diabetes were administered the Zung Self-Rating Depression Scale (Zung SDS). The main outcome measures were self-reported data on demographic characteristics and depressive symptoms. Patient charts were used to abstract data for insurance, comorbid conditions, and glycosylated hemoglobin (A1C) values.

Results: Researchers found depressive symptoms (Zung SDS score ≥ 50) in 72.1% of patients. Overall, 13% of the patients with a diagnosis of depression (based on patient charts) were not being treated. Past history of depression ($\beta = 0.53$, $p < .01$), Medicaid insurance ($\beta = 0.15$, $p < .02$), and insulin use ($\beta = 0.12$, $p < .05$) were variables significantly associated with depressive symptoms.

Conclusion: Possible undetected or untreated depression may be evaluated through use of a self-rating scale as part of routine ambulatory care in patients with type 2 diabetes. Augmenting routine care protocols with the Zung SDS screen could promote more effective detection and treatment of comorbid depression in ambulatory patients with type 2 diabetes.

© COPYRIGHT 2009 PHYSICIANS POSTGRADUATE PRESS, INC. © COPYRIGHT 2009 PHYSICIANS POSTGRADUATE PRESS, INC.